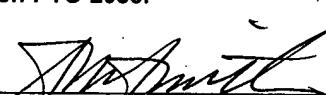




<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 021433-000110US										
<table border="1"> <tr> <td colspan="2">In re Application of ROBERT S. KIEVAL et al.</td> </tr> <tr> <td>Application Number 09/964,079</td> <td>Filed September 26, 2001</td> </tr> <tr> <td colspan="2">For STIMULUS REGIMENS FOR CARDIOVASCULAR REFLEX CONTROL</td> </tr> <tr> <td>Art Unit 3762</td> <td>Examiner F. Oropeza</td> </tr> </table>			In re Application of ROBERT S. KIEVAL et al.		Application Number 09/964,079	Filed September 26, 2001	For STIMULUS REGIMENS FOR CARDIOVASCULAR REFLEX CONTROL		Art Unit 3762	Examiner F. Oropeza		
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Art Unit 3762	Examiner F. Oropeza											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$110</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$</td> </tr> </table> <p> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55 .         </p> <p> <input type="checkbox"/> A check in the amount of the fee is enclosed.         </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.         </p> <p> <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.         </p> <p> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.         </p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71            Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).         </p> <p> <input checked="" type="checkbox"/> attorney or agent of record.. Registration Number 48,268         </p> <p> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).            Registration number if acting under 37 CFR 1.34(a). _____         </p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p><u>4/14/04</u> Date</p> <p> Signature</p> <p>Scott M. Smith M.D., Reg. No. 48,268 Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$
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